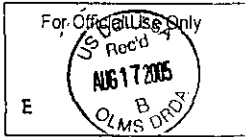


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



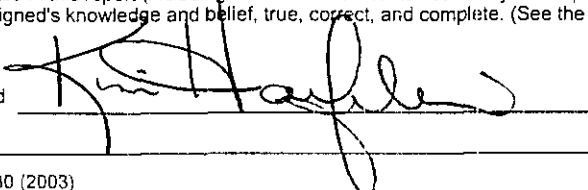
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3553	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Kim A Haefelin P.O. Box, Bldg., Room No., if any Jericho Atrium Street 500 N. Broadway Suite 123 City Jericho State New York ZIP Code + 4 11753	4. Name, file number, and address of labor organization. Name New York State United Teachers Labor Organization File Number 070-581 P.O. Box, Building and Room Number, if any Jericho Atrium Street 500 N. Broadway Suite 123 City Jericho State New York ZIP Code + 4 11753
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 8/12/05 Date	516-938-4871 Telephone Number

Name of Person Filing Kim Haefelin	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **ING**

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any **Suite 1C01**

Street **One Huntington Quadrangle**

City **Melville**

State **New York** ZIP Code + 4 **11747**

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **New York State United Teachers Benefit Trust**

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street **800 Troy Schenectady Road**

City **Latham**

State **New York** ZIP Code + 4 **12110-2455**

11.a. Nature of such dealing.

Contracted Provider of Financial Services

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

March 2004 - Dinner in connection with NYSUT convention.

12.b. Amount.

\$67

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.



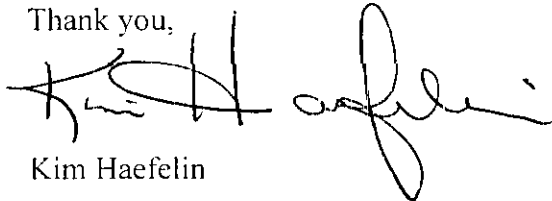
August 12, 2005

U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW, Room N-5616
Washington, D.C. 20210

To Whom It May Concern:

Please be aware that the enclosed LM-30 Form, supplements the LM-30 Form for year 2004 that I submitted on July 7, 2005.

Thank you,



Kim Haefelin